

CLAIMS ONLY

Application Number

10-663989

Filing Date

Applicant(s)

CLAIMS

AS FILED

AFTER FIRST
AMENDMENT

AFTER SECOND
AMENDMENT

* May be used for additional claims or amendments

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

1

2

3

4

5

6

7

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40

41

42

43

44

45

46

47

48

49

50

Total

Indep

Total

Depend

Total

Claims

1

5

6

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

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78

79

80

81

82

83

84

85

86

87

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89

90

91

92

93

94

95

96

97

98

99

100

Total

Indep

Total

Depend

Total

Claims